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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 10/541,302			ing Date 14/2006	To be Mailed
APPLICATION AS FILED — PART I OTHER THAN (Column 1) (Column 2) SMALL ENTITY □ OR SMALL ENTITY												
FOR			NUMBER FILED		NUMBER EXTRA		П	RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)
	BASIC FEE (37 CFR 1 16(a), (b),	or (c))	N/A		N/A		ı	N/A			N/A	
	SEARCH FEE (37 CFR 1 16(k), (i),	or (m))	N/A		N/A		ı	N/A			N/A	
	EXAMINATION FE (37 CFR 1 16(o), (p),		N/A		N/A			N/A			N/A	
	TAL CLAIMS CFR 1.16(i))		minus 20 =		•		П	x \$ =		OR	X \$ =	
IND (37	EPENDENT CLAIM CFR 1.16(h))	IS	minus 3 =		•		ı	X \$ =			X S =	
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$29 addit	If the specification and dra sheets of paper, the appli is \$250 (\$125 for small er additional 50 sheets or fra 35 U.S.C. 41(a)(1)(G) and			n size fee due for each thereof. See						
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))												
* If the difference in column 1 is less than zero, enter "0" in column 2.								TOTAL		ı	TOTAL	L
APPLICATION AS AMENDED – PART II OTHER THAN (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENT												
AMENDMENT	05/25/2011	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16(i))	· 22	Minus	·· 24		= 0	П	x s =		OR	X \$52=	0
	Independent (37 CFR 1.16(h))	• 2	Minus	3		= 0	П	X \$ =		OR	X \$220=	0
	Application Size Fee (37 CFR 1.16(s))											
ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR		
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0
(Column 1) (Column 2) (Column 3)												
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1,16())		Minus				П	X \$ =		OR	x s =	
M	Independent (37 CFR 1 16(h))		Minus	***		-	ı	X \$ =		OR	x s =	
Ξ	Application Size Fee (37 CFR 1.16(s))						П					
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))						ı			OR		
* 11	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								etrumont =	OR	TOTAL ADD'L FEE	
I the entry in column 1 is uses man the entry in column 2, wate 0 in column 3. Legal Instrument Examiner: "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3" "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3" The "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3" The "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3" The "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3" The "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3" The "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3" The "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3" The "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3" The "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3" The "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3" The "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3" The "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3" The "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3" The "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3" The "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3" The "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3" The "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3" The "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3" The "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3" The "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3" The "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3" The "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3" The "Highest Number Previously Paid For IN THIS SPACE is less than												

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 39 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application from the USPTO. Time will vary depending upon the individual case. Any comments of a measured to time you require to complete this form and/or suggestions for reducing this factors, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Disk 1470, Alexandria, V.S.231-4450, D.O. NOT SEND FEES OR LOWNELEET D-FRIME TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.